

Foster Family Home - Corrective Action Report

Provider ID: 1-150071

Home Name: Elena Laragan, CNA

Review ID: 1-150071-6

91-702 Kilinahe Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/20/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

re inspection
6(d)(1) Home visit made for a 2 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.

J Chamberlain RN

Compliance Manager

Primary Care Giver

11/20/19

Date

11/20/19

Date